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METHODS AND STANDARDS OF ESTABLISHING PAYMENT RATES - OTHER
MEDICAL CARE (Continued)

25. Telemedicine

Telemedicine is defined as the practice of health care delivery by a provider who is located at a site other than the site where the patient is located for the purposes of evaluation, diagnosis, consultation, or treatment that requires the use of advanced telecommunications technology. Telephone conversations, chart reviews, electronic mail messages, and facsimile transmissions are not considered telemedicine.

The distant site provider uses telemedicine to provide a service to the patient at the patient site.

The applicable provider types are as follows:

1. Community Mental Health Clinics
2. Designated Agencies
3. Federally Qualified Health Centers
4. Rural Health Clinics
5. Physicians
6. Naturopathic Physicians

Qualifying distant site providers are reimbursed in accordance with the standard Medicaid reimbursement methodology.

Qualifying patient sites are reimbursed a facility fee. The fee is set at 80% of Medicare and is effective for services on or after 7/01/10; all rates are published at <http://ovha.vermont.gov/for-providers>. Payment is made at the lower of the actual charge or the Medicaid rate on file. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private.

DISCLAIMER: RBRVS IS EFFECTIVE JANUARY 1, 2011; CONVERSION FACTORS ARE SUBJECT TO CHANGE IN THE FINAL SPA SUBMISSION PENDING A REVIEW OF MORE CURRENT DATA TO BE CONDUCTED IN DECEMBER 2010.

26. Resource-Based Relative Value Scale (RBRVS)

Effective January 1, 2011, the DVHA's Physician Fee Schedule will utilize the Resource-Based Relative Value Scale (RBRVS) to reimburse for services/procedures provided by:

1. Primary Care Physicians
2. Primary Care Nurse Practitioners
3. OB/GYN Providers
4. Specialists (Physicians or Nurses)
5. Radiologists
6. Psychiatrists
7. Psychologists (Doctorate Level)
8. Psychologists (Masters level)
9. Therapists
10. Optometrists and Opticians

11. [Chiropractors](#)
12. [Podiatrists](#)

The components of the RBRVS methodology used to develop the Physician Fee Schedule is the Medicare-based Relative Value Units (RVU), the Geographic Practice Cost Index (GPCI), and Vermont-specific Conversion Factors. RVUs for each service/procedure were developed by CMS to represent the resource-use associated with individual services/procedures. These RVUs are adjusted using the Medicare GPCI to reflect work, practice, and malpractice costs (i.e., professional liability) in Vermont.

For Calendar Year 2010, Vermont's GPCI values are:

- Work = 1.0 (national median)
- Practice = 1.0 (as set by the Affordable Care Act)
- Professional Liability = 0.489

The Vermont-specific Conversion Factors are:

<u>Evaluation & Management Codes</u>	<u>\$32.37</u>
<u>OB/GYN Codes</u>	<u>\$31.34</u>
<u>Behavioral Health Codes</u>	
<u>Psychiatrists</u>	<u>\$32.08</u>
<u>Primary Care Physicians, Primary Care Nurse Practitioners, Specialist (Physician or Nurses)</u>	<u>\$30.97</u>
<u>Psychologists (Doctorate Level)</u>	<u>\$28.76</u>
<u>Psychologists (Masters level)</u>	<u>\$26.92</u>
<u>All Other Providers</u>	<u>\$26.92</u>
<u>All Other Codes Except Chiropractic</u>	<u>\$24.34</u>
<u>Four Chiropractic CPT codes (98940-98943)</u>	<u>\$32.37</u>

The DVHA will:

- Update the RVUs pursuant to the Medicare updating schedule.
- Use Medicare's facility and non-facility RVU values.
- Utilize RVUs that have been established that are Medicaid-covered services but that Medicare does not pay through RBRVS.

The RBRVS methodology is not applicable to remaining codes where no RVU is available.

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